



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

Ph: (561) 641-8554 / www.grsmgt.com

REQUEST FOR ARCHITECTURAL COMMITTEE APPROVAL TO MODIFY UNIT AND/OR PROPERTY

Please note there is a required **Architectural Modification Application Processing Fee** in the amount of **\$25.00 payable to GRS Community Management** in the form of a money order or cashier's check.

CONTRACTOR/VENDOR GUIDELINES

All Homeowner and Condominium Associations require the following documents to be **provided by the Contractor/Vendor to the Homeowner** and submitted in whole with the Modification Application and Fee to be processed expeditiously:

1. _____ Current copy of Contractor/Vendor Occupational License.
2. _____ Current copies of a Contractor/Vendor Certificate of Liability Insurance, Automobile/Vehicle Insurance and Workers Compensation Insurance (or an Exempt Certificate must be provided).

The COI's Certificate Holder must reflect the following verbiage:

"Name of Association" (*in which the project is contracted*)
c/o GRS Community Management
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463

The Association must be named as an Additional Insured.

3. _____ No Application will be processed without being completed in its' entirety and submitted without all required supporting documentation as listed above and/or the fee(s).
4. _____ Applications and/or documentation submitted in part(s) or through a third party will not be accepted and will be returned to the Homeowner.

Please submit payment with the attached application and ALL required documentation.

Thank you.

WELLINGTON DOWNS HOMEOWNER'S ASSOCIATION, INC.

ARCHITECTURAL APPLICATION

Name: _____ Date: _____
Address: _____ Lot: _____
Home Phone: _____ Work Phone: _____ Email: _____

Describe in detail the changes or modifications for which you are requesting approval:

Please complete and sign this form and attach the following information:

1. Copy of contractor proposal and sketch of work to be done.
2. Copy of contractor's occupational license.
3. Copy of contractor's **liability insurance** and **workers compensation insurance or Exemption Form**; certificate holder must state **Wellington Downs Homeowner's Association, Inc.**
C/O GRS Management Associates, Inc.
3900 Woodlake Blvd #309
Lake Worth, FL 33463
4. Copy of homeowner's property survey indicating location of changes or modifications.

Materials you **may** need to provide for the Association to make a decision on your request include:

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the house exterior.
3. A sample of the color of paint or other materials that may be used on the house exterior.
4. Any other materials or information that may assist in Association evaluation of the project.
5. A site plan showing your lot, the location of your home on the lot, and where the changes will be made.
6. Landscape changes may require changes to your irrigation system. Supply information regarding same. You are required to make any changes and will be responsible for any damages to either private or common areas.

It is understood that the changes or modifications which you are requesting may not:

1. Interfere with, or obstruct any easements on your property or the adjoining property.
2. Damage landscaping on your property, that of a neighbor, or the common grounds of the Association. If you do so, you are responsible for all repairs.
3. Cause a nuisance or interference with the peace or privacy of the other people in the community.
4. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
5. Upon approval of your Architectural Application, the work must commence within forty-five (45) days and be completed in a reasonable amount of time. Failure to start the work in the forty-five (45) day period will require submitting a new application.

Homeowner's Signature _____ Dated: _____

APPROVED _____ **DISAPPROVED** _____

Authorized Signature _____ Date _____

You will be notified within thirty (30) days of Architectural Review Board approval or disapproval of your request for changes or modifications.

ARC Committee Notes: _____

